

## SOCIAL SECURITY VERIFICATION

TO: SOCIAL SECURITY ADMINISTRATION

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant

\_\_\_\_\_  
Social Security Number

I hereby authorize release of my information

Signature of Applicant/Tenant

Date

The information provided will remain confidential. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Signature of Authorized Personnel

**Return Form To:**

### THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION REPRESENTATIVE

Recipient Name: \_\_\_\_\_

\* Current assistance received: \$ \_\_\_\_\_ monthly yearly other \_\_\_\_\_

\* **Do not include deferred periodic amounts from veteran's disability benefits that are received in a lump-sum or in prospective monthly amounts.**

\_\_\_\_\_  
Agency Authorized Signature

\_\_\_\_\_  
Printed name/title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.